

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90060 018 ***150.00

DOCUMENT # P98000052729

1. Entity Name

JANET ADLER ASSOCIATES, INC.

Principal Place of Business

**2231 SW 92 TERRACE
 #2003
 FORT LAUDERDALE FL 33324**

Mailing Address

**2231 SW 92 TERRACE
 #2003
 FORT LAUDERDALE FL 33324**

2. Principal Place of Business

802 SW 124 Terrace
 Suite, Apt. #, etc.

3. Mailing Address

802 SW 124 Terrace
 Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

4. FEI Number

65-0848184

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**YAHAV, JANET A
 2231 SW 92 TERRACE #2003
 FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

802 SW 124 Terrace Davie

City **Davie**

FL

Zip Code

33325

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
 NAME **YAHAV, JANET A**
 STREET ADDRESS **2231 SW 92 TERRACE #2003**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **802 SW 124 Terrace**
 CITY-ST-ZIP **Davie, Florida 33325**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)